

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/1857652

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                                     |
|----------------------------------|--------------|-------------------------------------|
| TOTAL CLAIMS                     |              |                                     |
| FOR                              | NUMBER FILED | NUMBER EXTRA                        |
| TOTAL CHARGEABLE CLAIMS          | H minus 20=  |                                     |
| INDEPENDENT CLAIMS               | minus 3 =    |                                     |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input checked="" type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY

|           |                                     |
|-----------|-------------------------------------|
| RATE      | FEES                                |
| BASIC FEE |                                     |
| OR        | <input checked="" type="checkbox"/> |
| X\$ 9=    |                                     |
| OR        | <input type="checkbox"/>            |
| X\$18=    |                                     |
| OR        | <input type="checkbox"/>            |
| X80=      |                                     |
| OR        | <input type="checkbox"/>            |
| +270=     |                                     |
| OR        | <input type="checkbox"/>            |
| TOTAL     |                                     |
| OR        | <input checked="" type="checkbox"/> |
| TOTAL     | 1130                                |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | •   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

|                |                                     |
|----------------|-------------------------------------|
| RATE           | ADDI-<br>TIONAL<br>FEE              |
| X\$ 9=         |                                     |
| OR             | <input type="checkbox"/>            |
| X\$18=         |                                     |
| OR             | <input type="checkbox"/>            |
| X80=           |                                     |
| OR             | <input type="checkbox"/>            |
| +270=          |                                     |
| OR             | <input type="checkbox"/>            |
| TOTAL          |                                     |
| ADDITIONAL FEE |                                     |
| OR             | <input checked="" type="checkbox"/> |
| TOTAL          | 1130                                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | •   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

ADDITIONAL FEE

ADDITIONAL FEE

|                |                                     |
|----------------|-------------------------------------|
| RATE           | ADDI-<br>TIONAL<br>FEE              |
| X\$ 9=         |                                     |
| OR             | <input type="checkbox"/>            |
| X\$18=         |                                     |
| OR             | <input type="checkbox"/>            |
| X80=           |                                     |
| OR             | <input type="checkbox"/>            |
| +270=          |                                     |
| OR             | <input type="checkbox"/>            |
| TOTAL          |                                     |
| ADDITIONAL FEE |                                     |
| OR             | <input checked="" type="checkbox"/> |
| TOTAL          | 1130                                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | •   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

ADDITIONAL FEE

ADDITIONAL FEE

|                |                                     |
|----------------|-------------------------------------|
| RATE           | ADDI-<br>TIONAL<br>FEE              |
| X\$ 9=         |                                     |
| OR             | <input type="checkbox"/>            |
| X\$18=         |                                     |
| OR             | <input type="checkbox"/>            |
| X80=           |                                     |
| OR             | <input type="checkbox"/>            |
| +270=          |                                     |
| OR             | <input type="checkbox"/>            |
| TOTAL          |                                     |
| ADDITIONAL FEE |                                     |
| OR             | <input checked="" type="checkbox"/> |
| TOTAL          | 1130                                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.